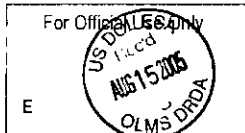


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6385	2. Fiscal Year Covered From 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William Ryan P.O. Box, Bldg., Room No., if any Street 544 Hartford Street City Westwood State MA ZIP Code + 4 02090	4. Name, file number, and address of labor organization. Name IUOE Local 4 Labor Organization File Number 033610 P.O. Box, Building and Room Number, if any Street 16 Trotter Drive City Medway State MA ZIP Code + 4 02053-2299
5. Position in labor organization. Trustee, Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name IUOE Local 4 Benefit Funds Office Trade Name, if any: Operating Engineers P.O. Box, Bldg., Room No., if any P.O. Box 345 Street 177 Bedford Street City Lexington State MA ZIP Code + 4 02420-4416	7.a. Nature of Interest, Transaction, or Income. Health & Welfare Fund Board of Trustees Meeting, 1/13/04 working lunch 7.b. Amount. \$29

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William P. Ryan

On

8/3/2005
Date

781. 461. 1492
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name IUOE Local 4 Benefit Funds Office

Trade Name, if any: Operating Engineers

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford Street

City Lexington

State MA

ZIP Code + 4 02420-4416

7.a. Nature of Interest, Transaction, or Income.

IUOE Central Pension Fund meeting re: potential Merger. Transaction was due to working lunch with Fund Administrator, 1/30/04 in D.C.

7.b. Amount.

\$26

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name IUOE Local 4 Benefit Funds Office

Trade Name, if any: Operating Engineers

P.O. Box, Bldg., Room No., if any P.O. Box 345

Street 177 Bedford Street

City Lexington

State MA

ZIP Code + 4 02420-4416

7.a. Nature of Interest, Transaction, or Income.

Pension Fund and Annuity & Savings Plan Board of Trustees meetings, 7/6/04 working lunch

7.b. Amount.

\$35

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.